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COUNTY COUNCIL OF THE PARTS OF LINDSEY,

LINCOLNSHIRE.

EDUCATION COMMITTEE.

SIXTH

ANNUAL REPORT

OF THE

School Medical Officer.

1913.

R. ASHLEIGH GLEGG,

M.D., D.P.H.

Lincoln :

W. K. MORTON & SONS, PRINTERS, SALTERGATE.



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CONTENTS.

	<i>Page</i>
Introductory Letter	5 & 6
Statistics bearing on Medical Inspection	7

School Premises.

Construction of New Schools	8
Alterations to Existing Schools	8
Lighting	8
Ventilation	9
Heating	9
School Furniture	9
Cleaning	10

Administration of Medical Inspection.

Districts allotted to Inspectors	10
Assistance given by Managers	11
„ „ „ Teachers	11
„ „ „ School Attendance Officers	11
Presence of Parents at Inspections	12
Co-operation of Parents in Treatment	12
Number of Visits to Schools	14
Children selected for Inspection	14
Number of Children Inspected	15
Children referred for Subsequent Examination	15
Defects Notified to Parents	16
Time occupied by Inspections	16

General Review of the Facts Disclosed by Inspection.

	<i>Page</i>
List of all defects found	17
Clothing and Footgear	17
Height and Weight	18
Nutrition	19
Physical Training	19
Open-air Education	21
Cleanliness	22
Verminous Conditions	22
Teeth	23
Nose and Throat	24
Eye Diseases	25
Vision	25
Ear Diseases	26
Hearing	26
Mental Condition	26
Heart and Circulation	28
Lung Diseases	28
Other Diseases	28
Action taken to Prevent the spread of Infectious Diseases...	32
Ameliorative Measures	34
Special Acts.	
Blind and Deaf Children	36
Defective and Epileptic Children	36
Examination of Candidates for Teachership	36

**To the Chairman and Members of the Education
Committee of the County Council of the
Parts of Lindsey, Lincolnshire.**

Madam and Gentlemen,

I have the honour to submit the sixth annual report of the School Medical Officer. The year 1913 was one largely of preparation. The routine work of the medical inspection of the school children and the measures for the control of the spread of infectious diseases in the schools were carried out as in the previous year; but a very considerable amount of time was also devoted to laying the foundations of an improved organisation. This new organisation is now, at the time of writing, introduced and is working well. The medical staff has been increased by the appointment of two additional assistant medical officers. The work of school medical inspection has been combined with that of the tuberculosis dispensaries, and there is thus afforded to the officers a variation in the work, which removes the feeling of monotony which previously was experienced. The scheme benefits not only school medical inspection but also the work of the tuberculosis dispensaries, because cases of tuberculosis found amongst school children are treated by the same officers at the dispensaries and are supervised also by them after leaving school.

School nursing has also been instituted. The scheme of the Lincolnshire Nursing Association to provide school and tuberculosis nurses for the County Council has been approved, and the nurses have entered with enthusiasm on their duties. The statistics of the results of the inspections of 1913 show the great need there was for school nursing and for the following up of cases found defective. It is confidently anticipated that there will be a great improvement on these statistics next year. I desire particularly to draw attention to the question of providing open-air education for malnourished and weakly children. The results obtained from the education of such children in open-air schools have been found to be well worth the money spent on them. The open-air school at Mablethorpe and the one established last year at Lincoln have already proved to be good investments to the authorities which provided them. There is also pressing need for the appointment of one or more dentists to attend to the children's teeth, which are in a deplorable condition, and of an oculist to prescribe suitable spectacles for those with defective eyesight. Various other matters are dealt with in the report.

I have to thank the Committee for the kind consideration given to my suggestions during the year. I am much indebted to the Secretary for Education and to the Committee's Inspector, for their help and advice on many occasions. Drs. Levis and Wilson gave me their loyal support in carrying out the work of inspection. They prepared periodical and special reports which have kept me in close touch with their work. The office staff, under Mr. Lee, compiled the majority of the statistics and did much other useful work.

I have the honour to be,

Your obedient servant,

R. ASHLEIGH GLEGG.

Statistics bearing on Medical Inspection.

Area of the County	...	...	...	963,800 acres
Estimated Population in 1913	...	...	...	258,352
Number of Schools	...	...	...	331
Provided	...	...	...	81
Non-provided	...	...	...	250
No. of Children on Books, end of June, 1913...	...	...	...	38,070
" " " " " 1912...	...	...	...	37,410
Size of Schools—				
Accommodating under 50	...	...	...	50
" between 50 and 150	...	...	...	204
" " 150 and 550	...	...	...	64
" " 550 and 850	...	...	...	8
" 1,000	...	...	...	1
" 1,050	...	...	...	3
" 1,100	...	...	...	1
No. of School Attendance Officers—				
Whole time...	...	...	...	11
Part time	...	...	...	8
				£ s. d.
Annual Cost of Medical Inspection for the year ending 31st July, 1913	...	...	...	1,326 14 10
Grant from Board of Education for the same period	...	...	...	449 19 0
Nett Cost to Education Committee	...	...	...	£876 15 10
Total Annual Cost per head	...	...	...	8½d.
Nett Annual Cost per head to Education Committee				
Committee	...	...	...	5½d.

School Premises.

The only new school building completed during 1913 was that of the infant department of Ashby Council School, providing accommodation for 320 scholars.

Structural alterations involving enlargement of the school premises or the provision of better lighting, heating and ventilation for class rooms, or better cloak room accommodation, lavatories or out-offices were ordered by the Committee to be carried out during the year in 21 Council Schools and 9 Voluntary Schools, as follows:—Council Schools: Ashby, Cadney-c.-Howsham, Crowle, East Stockwith, Eastville, East Halton, Fulstow, Gainsborough Lea Road, Ingham, Kirton Lindsey, Luddington, Little Coates, Mablethorpe, Normanby, North Kelsey, Orby, Scartho, South Kelsey, Tetford, Waddingham, Wildmore. Voluntary Schools: Alford, Blyton, Burton Stather, Normanby, Chapel St. Leonards, Cumberworth, Hainton Heneages, Tumby Woodside, Skidbrooke-c.-Saltfleetby.

Minor alterations and repairs were requisitioned in thirty-one other cases.

In last year's report I devoted special attention to a consideration of certain broad principles in school construction which are required if a healthy environment is to be provided. I would repeat that the more nearly a school resembles an open-air school the more likely it is to foster the growth and development of the children. The latest type of school building, commonly known as the corridor type, which provides excellent lighting and free cross ventilation for each class room, has been a distinct success at Scunthorpe. The new Council School there is the first of this type built in the county, and reports show that a good standard of purity can be maintained in the air of the class rooms by the means provided. I hope that it will be found possible to arrange in future buildings for the provision of a folding screen instead of a solid wall on the class room side of the corridor, so that in summer the work of the school could be carried out practically in the open air.

LIGHTING.

While great improvements have been effected in regard to the lighting of many of the older schools, there still remain a considerable number in which the windows are too small, and also many which have the main light facing the children as they sit at their desks.

Dr. Levis urges the need for the adoption of a standard colour for schoolroom walls. He has noticed very glaring blues and reds used in some schools, which must affect injuriously the children's eyesight. A light shade of green makes the best colouring for schoolrooms.

VENTILATION.

It is absolutely essential for proper ventilation that openings should be provided and kept open on opposite sides of the class rooms. There are still many schools with insufficient openings provided. In these cases the windows are of the kind associated with ecclesiastical architecture, which admit air only by small hopper openings in the upper portions. I desire again to suggest that it would be an advantage educationally if all the older children were appointed in turn to act as health monitors for a week at a time. One of their duties would be that of opening all the windows widely before each interval. In all probability this duty would inculcate in all the children what may be called the "fresh-air habit," which would have a very beneficial influence on their health.

HEATING.

The best method of heating a class room is by means of a combination of open fire and hot water pipes. The fireplace has a boiler at the back from which pipes are laid round the walls of the room. The open fire alone is apt to over-heat those near to it, while those who sit at a distance are chilled. Hot-water pipes distribute heat more uniformly. On the other hand an open fire exercises a cheerful influence in a room and promotes ventilation. Therefore, a combination of the two methods of heating is desirable.

SCHOOL FURNITURE.

I take this opportunity of urging once again that benches and desks should be adjustable to the size of the scholars who have to use them. Deformities, such as lateral curvature of the spine, may be produced by the prolonged adoption of the unnatural attitudes so often seen when the seats are too high or too low and when no back rests are provided.

Each school should have at least one or two adjustable dual desks for the use of exceptionally short or tall children, or for those whose physique renders them more liable than others to injury from wrong posture.

Slates are still used in a number of schools. They are so obvious a source of danger to the children from their interchangeability and from the fact that nothing will prevent the children from cleansing them by means of saliva that their continued use cannot be defended. It is necessary for me to call attention to the lack of sufficient cloak-room accommodation in certain schools and to the likelihood of disease being spread through hats and coats being piled one on top of another where sufficient pegs are not provided and numbered, one for each child. Soap and towels should not only be provided in the lavatories, but should be in evidence.

In regard to school cleaning, I can but refer the Committee to the remarks which I made last year on the subject. A few more school cleaners than formerly sprinkle damp sawdust on the floors before sweeping, but there has really been practically no change in the system of school cleaning or in its supervision. I am of opinion that definite rules should be issued to school cleaners, laying down exactly how the cleaning should be carried out, daily, monthly, and at the vacations. Schoolrooms ought, in the interests of education as well as of health, to be kept free from dust and spotlessly clean. At present, except in a few instances, they are not so.

Administration of Medical Inspection.

During 1913 there was no change in the personnel of the staff. The children in the 24 schools of the Welton Rural District were inspected by myself. Dr. Levis, stationed at Brigg, inspected the 130 schools in the western division of the county, with 19,829 children on the books. Dr. Wilson, whose headquarters were at Louth, inspected in the 169 schools of the eastern division which had 16,519 children on the books. As School Medical Officer I supervised the whole work and directed any special inquiries. The two inspectors reported weekly, giving details of the work accomplished in the schools and submitting a list of their appointments for the following week.

New arrangements were instituted early in 1914, which, although they do not fall to be considered in this report, may yet be briefly mentioned. As Tuberculosis Officers had to be appointed by the County Council under the scheme for the dispensary treatment of tuberculosis, it was felt that the work of the tuberculosis dispensaries and of school medical inspection could be undertaken with advantage by the same officers. Four assistant medical officers have therefore been appointed to

undertake the combined duties. The county has been divided into four areas and the doctors have been given as nearly as possible an equal number of school children to inspect. Each will devote two days a week to school work, which is equivalent to the four days a week formerly given to the work by two inspectors. It is believed that interest in the school inspections will be stimulated and maintained by this variation in the work.

Assistance given by Managers of Schools, Teachers and Attendance Officers.

Managers.

Many instances of the personal interest of managers of schools in the welfare of the children have come to my notice during the year. Some have made arrangements for children to be supplied with hot cocoa in the winter months, others for extra nourishment for children recovering from epidemic sickness. A few have provided extra pairs of shoes and stockings for the use of children coming long distances to school. I should like to be able in a future report to record that the arrangements mentioned above were found in all our country schools.

Teachers.

The teachers have carried out their part of the work of medical inspection on the whole very well during the year. Theirs has been the duty of preparing case cards for the children selected for inspection, entering in each case the height and weight, and the character of the clothing, an estimate of the intelligence and the acuity of vision; also certain particulars obtained from the parents of the personal history and previous illnesses. In the case of large schools this work involves a considerable amount of trouble, and I gratefully acknowledge that the teachers have undertaken it ungrudgingly and with a desire to make the medical inspection of the children as complete and effective as possible.

School Attendance Officers.

The arrangements for the co-operation of the school attendance officers in the work of medical inspection were the same as in 1912. They may be outlined thus:—

- (1) When the attendance officers report that children are absent from school, alleging sickness as an excuse, and that they have reason to suspect either that the excuse is not genuine or that no treatment

is being given to effect a speedy cure, the School Medical Officer visits the homes of the children and advises the attendance officers what action should be taken in each case. These special examinations continue to show that in quite a large number of cases parents obtain doctors' certificates for their children to protect themselves from prosecution under the school attendance bye-laws, but neglect to seek advice as to treatment.

- (2) The school attendance officers send monthly returns to the School Medical Officer of children transferred from one school to another, so that their inspection cards may be forwarded to the new school attended.
- (3) The names of all children excluded from school for short periods on account of verminous conditions are sent to the school attendance officers, who are asked to report at the end of the periods of exclusion whether or not the children have returned clean to school. They report for prosecution any who are not cleansed after warning.

Presence of Parents at Inspection.

Altogether 2,122 parents attended the medical inspection of their children in 1913. This is a larger proportion than in any previous year. Forty-six parents objected to their children being inspected. Some object from a fear of their neglect being detected; others are influenced by the wishes of their children.

Co-operation of Parents in the Subsequent Treatment of Defects.

The co-operation of the parents in the treatment of their children's defects was apparently less effective in 1913 than in the two preceding years. A table showing the action taken to remedy defects is given opposite. The table is compiled from a return made by the teachers. It deals with 785 children and 865 defects. While it is the best return which could be obtained under the circumstances, it must be taken as being only approximately correct. In future the returns will be made by nurses after repeated visits to the homes, and it is confidently expected that a great improvement will be immediately shown in the number of children treated,

TABLE I. SHOWING ACTION TAKEN TO REMEDY DEFECTS.

No. Examined.	No. of Defects.				Dr. Consulted. Treatment recommended and carried out.				Dr. Consulted. Treatment recommended but not carried out.				Dr. Consulted. Treatment not recommended.				No Dr. Consulted.			
	Vision.	Teeth.	Tonsils.	Other Complaints.	Vision.	Teeth.	Tonsils.	Other Complaints.	Vision.	Teeth.	Tonsils.	Other Complaints.	Vision.	Teeth.	Tonsils.	Other Complaints.	Vision.	Teeth.	Tonsils.	Other Complaints.
785	210	111	242	302	37	7	32	52	1	1	3	—	—	1	1	1	172	102	206	249
Total Defects and Percentages.	865				128 or 14.79				5 or .57				3 or .34				729 or 84.27			

Visits to Schools.

During the year 1913, 482 visits were paid to the 331 schools in the county. Eleven of these were to investigate outbreaks of infectious disease, and the remainder were in connection with the routine medical inspections.

An endeavour was made to examine once a year in the rural schools and twice a year in the urban schools. The staff were, however, not able to carry out the second urban inspection in every case before the end of the year.

Children Selected for Inspection.

In accordance with Code requirements, children were inspected as entrants and as leavers. Arrangements were also made for the examination of special cases presented by the teachers on account of some incapacitating defect, and for the re-examination of children found defective at previous inspections. The instruction with regard to the selection of the "leavers" was that the Head Teacher should present all older children, including partial exemption scholars who were likely to be leaving school, having completed school life, within the next six months from the date fixed for the inspection in the urban schools and within twelve months from that date in the rural schools.

That instruction was apparently not sufficiently definite, for on enquiry it was ascertained that many children left school without being inspected. The teachers' explanation for this was that most of them left unexpectedly; while some were transferred to other schools shortly before the date of medical inspection, and others were not present on the day of inspection either through illness or because their parents objected. To obviate the difficulty of children leaving unexpectedly, the teachers have been instructed to present as leavers all children who will reach the age of 12 years within six months from the date of inspection in urban schools, and within twelve months from that date in rural schools,

The Number of Children Inspected.

Special.

Five hundred and fifty-three children were presented by the teachers on account of some real or suspected defect. They are not included in the statistics of the results of the routine inspections. By far the largest number of these were cases of defective eyesight or eye inflammation. Next in frequency were cases of enlarged tonsils and adenoids. The defects for which they were presented or that were found on this inspection are given in Table II. They were generally examined only for the particular defect for which they were presented. The statistics obtained from their inspection are therefore not comparable with those of the routine inspections.

Routine.

A detailed medical examination was made during 1913 in respect to 7,167 children. They are set out below in age and sex groups.

Age Groups.	4—5	5—6	6—7	7—8	8—9	9—10	10—11	11—12	12—13	13—14	14—15	Total.
Males ...	227	1522	446	108	27	7	10	72	887	299	23	3628
Females...	206	1404	500	140	30	4	2	84	765	385	19	3539
Total ..	433	2926	946	248	57	11	12	156	1652	684	42	7167

The weekly records show that 488 children were absent on the day of inspection. Including special cases, there were examined altogether 7,720 children in the year.

Children Referred for Subsequent Examination.

Supervision Registers were kept in 1913 in which were entered the names of all children with physical defects which required treatment. These children were medically examined at each inspection, and when it was found that no treatment had been obtained for those who required treatment urgently, a special letter was written to the parents drawing their attention to the provisions of Section 12 of the Children Act, 1908.

**The Number of Children in respect of whom
Directions were given for Treatment of
Defects, including a Classified Statement of
such Defects.**

It was found necessary to send notices in respect of 1,120 children, drawing the attention of parents to serious defects which were not receiving treatment. Several children suffered from more than one condition. The attention of parents was drawn to decay of the teeth only when there was suppuration at the roots, and to defective vision only when the vision was $\frac{6}{12}$ or worse. Notices were not sent in many cases when the parents had been present at the inspections. The defects, which numbered 1,181, are classified below :—

Defects Urgently Requiring Treatment.

Decayed Teeth	...	...	...	...	158
Defective Vision, including Squint...	...	...	...	...	344
Eye Diseases	...	...	...	...	76
Ear Diseases	...	...	...	...	56
Deafness	...	...	...	...	37
Adenoids and Tonsils	...	...	...	...	301
Diseases of Heart and Circulation	...	...	...	...	4
Diseases of the Lungs	...	...	...	...	79
Diseases of the Skin	...	...	...	...	67
Other diseases	...	...	...	...	59
					<hr/> 1,181 <hr/>

**The Average Time per head occupied by the
Inspection.**

Experience has shown that the average time required for the efficient examination of each child is five minutes.

At the close of each inspection all the girls were passed in review to find any who might be verminous. On an average each examination of this nature took half-a-minute.

General Review of the facts disclosed by Inspection.

Eight hundred and fifty-six children, or 11.94% of the total, were found at medical inspection to be without any recognisable defect; 1,121 other children had less than three decayed teeth and were otherwise without defect. If these be included with the previous 856, then 1,977 children, or 27.58 per cent., were without defect. 8,140 defects were found amongst the 7,167 children examined, or rather amongst the 6,311 children who had defects. These are summarised below, and are set out in greater detail in Table II.

Summary of Defects:—

Malnutrition	207
Carious Teeth	4,194
Disease of the Nose and Throat	1,593
„ „ Eye and defects of Vision	1,146
„ „ Ear and defects of Hearing	81
„ „ Heart and Circulation	471
„ „ Lungs	146
„ „ Nervous System	32
„ „ Skin	168
Mentally Defective	11
Infectious Diseases	10
Other diseases and defects	81
	8,140

The details of the findings of medical inspection are discussed below under the headings of the Schedule used for recording the particulars noted in the examination of each child.

Clothing and Footgear.

Children should be clad in garments which provide sufficient warmth without constricting the body or the free movement of the limbs. The separate articles of clothing worn by most of the elementary school children are very much alike, which shows that if any alteration is found to be desirable in the character of these garments, representations made to those who are responsible for their design and manufacture would, if acted upon, have a more far-reaching effect than any endeavour to educate the parents on the matter. Fashion will always have a large following.

Boys should wear next the skin woollen combinations of varying thickness according to the season, a flannel shirt in winter, cotton in summer, coat, waistcoat, knickers, boots and stockings. When the weather is not very cold a woollen jersey may take the place of coat and waistcoat, but should not be worn, as is common, in addition to the other garments. Braces are often worn so tight that the expansion of the apices of the lungs is much restricted.

Girls' clothes should consist of the following garments: woollen combinations of varying thickness according to the season next the skin, then a warm petticoat with bodice attached, serge knickers, a dress or tunic with a loose waistbelt, boots and stockings. No corset of any kind should be worn. It is far too common to find school girls wearing some form of corset. Most of the infant girls are bound up in a stiff quilted garment which restricts the movements of the chest. The medical inspectors record that the clothing of 323 entrant scholars and 152 leavers was unsatisfactory, being either insufficient, unclean, or in great need of repair. In all these cases the parents' attention was drawn to the matter.

Height and Weight.

In my annual reports I have hitherto always given a table showing the average height and weight of the children examined, at each age and for the sexes separately. These figures were compared with averages which were calculated by Dr. Tuxford and myself from the returns supplied in 1910 by the School Medical Officers of 17 Counties and 44 Boroughs. In Lindsey, as in other agricultural counties, the children on the whole are taller and heavier than the average for England generally.

The Education Committee have supplied each school with a weighing machine and a height standard. The actual measurement of the children is entrusted to the teachers, some of whom make a regular practice of taking each child's height and weight on its birthday. This is of very great value, as it directs attention to the physical development of the children, which in a true system of education should be of equal importance to the development of their minds. The record of height and weight is of especial importance at the time of medical inspection, as the ratio of stature to weight affords very important information as to the state of the child's nutrition. The averages of these measurements do not differ materially from year to year, so that no useful purpose would be served by publishing those compiled for 1913.

Nutrition.

The estimation of the nutrition or malnutrition of a child is one of the most important, as it is one of the most difficult observations to be recorded at the medical inspection. Particular emphasis is laid on its importance year by year by the Chief Medical Officer to the Board of Education. Education cannot but be ineffective in the case of a malnourished child, and it may even be harmful through fatigue and nerve strain.

As stated above, the relation of height to weight serves as a useful guide to the state of a child's nutrition, but the whole appearance, condition and physique of a child must be taken into account before a correct estimate can be arrived at. A great deal of attention has been devoted to ascertaining the causes of malnutrition by various observers. They are summed up in the Chief Medical Officer's report as follows:—

- i. Food—insufficiency or unsuitability.
- ii. Bad home surroundings and neglect.
- iii. Lack of fresh air and sunlight.
- iv. Unsuitable sleeping arrangements.
- v. Insufficient sleep.
- vi. Employment out of school hours.
- vii. Want of cleanliness.
- viii. Unhealthy school conditions.
- ix. Congenital debility.
- x. Disease (mouth breathing, decayed teeth, adenoids, bronchitis, suspected tuberculosis, cardiac disease, rheumatism, debility after fevers).
- xi. Unsuitable attendance of young children in rural areas.

Physical Exercises.

Closely associated with the subject of the general nutrition of the growing child is that of physical training. The importance of a progressive course of physical exercises as part of the regular instruction of elementary school children is becoming increasingly recognised. The Education Committee decided, in November, 1912, to offer a course of special instruction to all teachers in the county on the principles which underlie the

graduated exercises in the official Syllabus. This step was taken because it had been found that many teachers did not appreciate the educational value of the exercises, and that the children could not benefit from the perfunctory instruction given. Mr. Birkett, the Committee's Inspector, prepared a scheme whereby selected teachers should receive instruction from an expert in physical training, and be able later to hold classes for teachers at different centres in the county.

This scheme was adopted, and ten teachers were selected for the preliminary training under a special instructor. The course lasted from January 18th to May 17th, 1913. The classes were held on Saturdays, and were regularly attended. I can speak from personal knowledge of the earnestness and enthusiasm displayed by all.

Later, these teachers held local classes of instruction. The following details of these classes are taken from Mr. Birkett's Report to the Committee of 12th January, 1914:—

Three hundred and ninety-four teachers joined the classes, which were arranged to be held twice a week over a period of twenty weeks. The majority of those who attended were teachers in rural schools, and they were mostly female teachers. "It was pleasing to note the desire for improvement shown by the teachers of lower qualifications; no less than about 65 per cent. of those attending were teachers of a grade below that of certificated teachers. The Instructors at every centre carried out their duties with the utmost zeal and enthusiasm. Many of the assistant teachers had previously no knowledge whatever as to the proper way of carrying out the exercises in the Board's Syllabus. They have now got some correct elementary ideas of the proper way of carrying them out, and they have learned that there is a definite object and purpose underlying the use of each exercise."

Mr. Birkett advocated the further training of some of the selected teachers at a vacation school, and drew attention to the need in any future scheme for consideration of the difficulties of teachers living in isolated districts. Already the medical inspectors report that physical training is receiving more attention than formerly was the case, and that the exercises are more carefully taught. It is not every teacher who is specially gifted to teach this subject, and it is advisable that the instruction should be carried out in each school by the teacher who shows most aptitude for the work.

I cannot too earnestly urge that a short period should be devoted each day to physical training. It should be taken out of doors and as far as possible in suitable clothing. By suitable clothing is meant clothing which does not restrict the movements of the body. The children should not wear hats or caps. Before commencing the exercises, deep breathing should be carefully taught, and the teacher should be satisfied by noting the expansion of the chest that each child really fills the lungs with air. The breathing should be through the nose, and as many infants have nasal catarrh and do not appear to be taught at home how to clear their nostrils, "handkerchief drill" should precede the instruction in deep breathing.

Sir George Newman includes in his annual report a very valuable section on physical training, in which he discusses the principles on which the Board's system is based, and proper methods of carrying out the system in practice. A particularly interesting section is devoted to the teaching of school dancing, which, properly taught, counteracts rigidity and ungainliness, gives natural and yet controlled movements and a sense of rhythm, while it also introduces an element of joyousness and happy freedom into an otherwise formal lesson which is difficult to secure in any other way. Instructions are given as to the teaching of dance steps, which he recommends should be those chiefly of National and Folk Dances and Morris Dances. He writes: "The alertness, precision and general self-control required to perform combined movements with any degree of success are valuable qualities, the recreative character of the exercise is likely to appeal to teachers and pupils, and may help to stimulate their interest in physical training generally."

Open-air Education.

Open-air education in special classes or schools has been proved to be the best means of dealing with malnourished children. The results which have been obtained in the existing open-air schools are very encouraging to the authorities which have taken the lead in this matter. The essential conditions provided for in these schools are rest, fresh air and suitable food, which form the best prescription for debilitated children, and these are combined with a carefully-regulated system of mental and physical education applied under medical supervision to each individual child. There are at the present time large numbers of children in this county who require education on these lines to restore them to a normal condition of growth and development.

Open-air education is, however, not to be regarded as of value only to weakly children; it is beneficial to all, and managers of schools would be well advised to adapt their school buildings as far as possible for such education by largely increasing the present number of windows made to open widely. School teachers in many instances realise the good that is derived from taking classes out of doors, and it is to be hoped that there will be a great extension of this most commendable practice during 1914.

Cleanliness.

No material alteration was found in 1913 in the number of children presented for routine inspection who were unclean. Sixty-five boys and girls were very dirty, and fifty-nine others could not be called clean. If this be taken as evidence of parental neglect, it would appear that the parents of at least 1.7 per cent. of the children are neglectful. That the parents are to blame rather than the children themselves is borne out by the fact that the larger proportion of dirty children was found amongst the entrants.

Unfortunately there is evidence of a still greater amount of neglect than that given above, for the examinations show that three hundred and forty-seven children were verminous. Again, the large number of those affected, over 70 per cent., were entrants. Not to forget the other side of the picture, it is very satisfactory to find that fully 95 per cent. of the children examined at the routine inspections were clean.

It has been the practice of the medical inspectors to examine the hair of all the girls present in school at the time of the medical inspection to detect those affected with vermin. In this way 16,059 girls were inspected. Five hundred or three per cent. of the total were found to be badly affected, and 1,089 or 6.78 per cent. had "nits" or the eggs of the pediculi in the hair. In each case the parents of the children were given instructions for the treatment of the condition.

Children with live pediculi were immediately excluded from school; and others, who showed no improvement after an interval of ten days, were also excluded for a week.

When the instructions for cleansing were persistently disregarded, the children were refused admission to school, and the parents were prosecuted under the School Attendance Bye-laws.

Only three prosecutions were required during the year. In each case a conviction was obtained.

Teeth.

There is not a great deal of difference between the condition of the teeth of the children examined as entrants and as leavers. Those of the entrants showed most decay. Thirty-five per cent. of the entrants and forty-three per cent. of the leavers had from one to three teeth decayed, while twenty-five per cent. of the entrants and thirteen per cent. of the leavers had four or more decayed.

The teeth of 41 per cent. of the children were without obvious decay. No doubt, however, a dentist's probe would have revealed the existence of caries in a number of these.

In the absence of facilities for conservative dentistry it is difficult to account for the improvement shown each year in the number of children who have no obvious decay of the teeth. In 1911, 25 per cent. had perfect teeth. In 1912 the percentage had risen to 35, and in 1913 to 41.

It is certain that both teachers and medical inspectors are impressing upon parents and children the supreme importance of taking care of the teeth, and it will be very gratifying if this process of education is in fact responsible for the improvement in the teeth noticed in the last two years. We shall be encouraged by these statistics to continue demonstrating the causes of decay of the teeth and the means of its prevention. Soft, starchy food is the chief cause, partly because it does not require to be masticated, and partly because it lodges in the interstices of the teeth and sets up acid fermentation which decalcifies the enamel. Therefore, the chief means of preventing decay of children's teeth is to give them hard food which requires much chewing. When starchy or sugary food, such as bread, biscuits, potatoes, sago, jam, honey, etc., is given to children, it should be followed by food which cleanses the teeth. Such cleansing foods are fruits, especially apples; raw vegetables, such as celery, onions, lettuce; crusts of bread and toasted bread; and also meat and fish.

In addition to the use of hard food at the end of each meal, it is necessary for the teeth to be regularly cleansed with a tooth brush every night.

If decay should commence in spite of these precautions, it should not be allowed to continue until the whole tooth is destroyed. The services of a dentist should be obtained to fill the cavity and preserve the tooth. Unfortunately, this method of preserving the teeth is practically neglected in the case of all elementary school children. Extraction of the teeth is the only dentistry sought by the parents for them,

Last year I urged that in any extension of the scheme for treatment of defects in school children, the pressing need of dental treatment for all children between 6 and 8 years of age should be borne in mind, and this year I wish again to lay stress on its importance.

Teachers will find a wall diagram of the teeth, published by Messrs. E. J. Arnold and Son, Leeds, useful when instructing children on the subject.

Nose and Throat.

Enlarged tonsils and adenoid growths are found affecting practically the same percentage of children in the county from year to year. In 1913, 18 per cent. of the entrants and 14 per cent. of the leavers suffered from enlarged tonsils, while 6 per cent. of the entrants and 2 per cent. of the leavers had adenoids. When the growths have persisted for some time, in spite of local remedial applications, and cause mouth breathing, they should be removed by a surgeon. If they are allowed to continue obstructing the air passages, they give rise to deafness, middle-ear catarrh, and not infrequently mental dulness. The symmetry of the facial bones becomes altered, so that children with adenoids come to have a heavy, vacant look which is typical of old-standing growths.

Many physicians are still inclined to place too much reliance on the local application of astringents for the cure of the condition, encouraging the parents to believe that the children will "grow out of them." This advice is founded upon the fact that acute enlargements often subside leaving no harmful effects. Unfortunately chronically thickened growths leave permanent facial deformity, weakened constitutions and stunted development as a result of being treated on that principle.

Sufficient attention has not yet been paid to the treatment of cases after operation. Instructions should be given by the surgeon to each patient on the necessity of practising nasal breathing until the old habit of mouth breathing is given up. At present much of the value of the operation is lost through inattention to this important matter. The other defects and diseases of the nose and throat observed in 1913 were as follows:—Four cases of nasal discharge, ten of nasal polypi, six of hypertrophy of the turbinals, twenty-five of deviation of the nasal septum, and two of bleeding at the nose,

Eye Diseases.

194 diseases of the eyes or eyelids were noted in last year's inspections. The great majority of these were cases of inflammation of the margin of the eyelids (blepharitis). This disease is very commonly associated with defective eyesight.

There were 11 cases of conjunctivitis and 21 of corneal ulcer. Corneal ulcers frequently leave scars on healing, causing opacity of the clear membrane in front of the eye, which interferes with vision. Three cases of such opacity were observed.

Vision.

The results of the examination of the eyesight of the 2,534 "leavers" is recorded below. Sixty-two per cent. had full vision, judged by the Snellen's type test. A certain number of these might have had a small amount of hypermetropia, as their eyesight was good for class work, and as they did not suffer from any symptoms of eye-strain they were not tested for this defect. A large proportion had full vision in one eye with a defect in the other. Thus 70 per cent. had full vision in the right eye and 68 per cent. full vision in the left eye.

The number and percentage of eyes with each degree of defect is given in the general table of defects.

The eyesight of the girls was 10 per cent. worse than that of the boys. This difference in visual acuity appears to be due to the greater eye-strain involved in sewing, which is the only work specially undertaken by girls requiring a marked effort of eye accommodation.

I am strongly of opinion that needlework should not be taught in school before the age of seven years. Sewing is the first lesson taken in the afternoon session in winter. As a rule there is sufficient light at that time for the work, but teachers should be instructed to take the lesson earlier on days when the light is poor. Particular attention should be paid to ensure the work being held at the proper working distance for the eye.

The lighting of the class rooms has also a direct influence on the amount of eye-strain resulting from school work. It should be possible, in a room with satisfactory illumination and with a regular alternation of lessons involving an effort of eye accommodation with lessons requiring no such effort, for eye-strain to be practically eliminated, provided that the children have no defect of vision or have any defect corrected by suitable spectacles.

In last year's report I laid stress on the importance of care being exercised in the choice of school books, including Bibles, to ensure that they are printed in type of a proper size. Standard types for use at different ages were illustrated.

Ear Diseases.

Thirty-five children suffered from middle-ear disease, accompanied with a purulent discharge. Ear discharge is very commonly treated as a trivial complaint, and its treatment neglected. In each case, therefore, a letter is sent to the parents warning them of its serious nature in the following terms:—"Continued discharge from the ear is due to inflammation of the deep parts of the hearing apparatus. If neglected, this may completely destroy hearing, and may also lead to diseased bone in the head, abscess of the brain, or other dangerous complications. The longer the disease is allowed to persist, the more serious as a rule are the consequences. Children suffering from this condition should be placed under medical care at once, and the treatment recommended should be persevered with until a cure is effected.

Thirty-nine children were noted as having the ear passages obstructed with accumulations of wax, which frequently caused slight deafness.

Hearing.

Hearing was tested by the medical inspectors in different ways in 1913. Two made use of the forced whisper test, while one tested by means of a tuning fork.

As desired by the chief medical officer of the Board, the forced whisper at 20 feet is now the method used by all the inspectors.

The infant children were not examined. Three boys and four girls were found to be distinctly deaf. None of these required, however, to receive instruction other than that given in the public elementary schools.

Mental Condition.

The number of children reported by the teachers and medical inspectors as being below the normal in intelligence does not vary to any great extent from year to year in this county. In the year under review 87 per cent. of the children examined, mostly as leavers, were normal, 12 per cent. were dull and backward, and 0·12 per cent. were mentally defective,

It would therefore appear that there are approximately 4,613 mentally abnormal children in the county, of whom 4,568 are dull and backward, and 45 are definitely mentally defective.

The Mental Deficiency Act, 1913, which came into operation on 1st April, 1914, places upon the Education Authority the duty, under Sections 2 and 31, to make arrangements, subject to the approval of the Board of Education :

- (a) for ascertaining what children within their area over the age of seven and under the age of sixteen are defective children within the meaning of the Act;
- (b) for ascertaining which of such children are incapable by reason of mental defect of receiving benefit or further benefit from instruction in special schools or classes, or of receiving such instruction without detriment to the interests of the other children;
- (c) for notifying to the Local Authority under the Act the names and addresses of defective children,
 - (1) over the age of seven referred to in clause (b) above;
 - (2) in regard to whom the Board of Education certify that special supervision or guardianship is desirable; and
 - (3) who before attaining the age of sixteen are about to be withdrawn or discharged from a special school or class, and in whose case the local Education Authority are of opinion that it would be to their benefit that they should be sent to an institution or placed under guardianship.

The Education Committee have not adopted the Elementary Education (Defective and Epileptic Children) Act, 1899, which gives the Authority power to establish special schools and classes for the mentally defective, and the law has not yet made its adoption compulsory. After April, 1914, however, as stated above, there is placed on the Committee the duty of ascertaining and notifying mentally defective children who are considered to be ineducable.

This will be a difficult matter in the absence of special schools or classes, since in many cases careful observation over a considerable period of time is required before deciding whether a child is capable of benefiting from instruction or not, and the new Act might place in institutions children whose apparent feeble-mindedness was in reality only temporary arrest of development due to ill-health, unfavourable

surroundings, or lack of special education. It has been found that 10 per cent. of children sent to special schools are transferred later to the ordinary elementary schools.

Again, great benefit to the feeble-minded is to be derived from giving them the opportunity of special education and practical training, so that they may have the chance later of becoming useful citizens either amongst the general community or under institutional care.

I beg, therefore, to urge the desirability of adopting the Act of 1899, and providing a special school or special classes for children who are not educable on ordinary lines.

Heart and Circulation.

Eighteen cases of valvular disease of the heart were recorded. In most of these cases compensation was fully established, and beyond a warning to the parents and teachers of the presence of the lesion, and of the need for supervision, no action was taken to modify their school routine. In cases, however, where compensation was not fully established, the children were either excluded from school or their hours of work were curtailed and their physical exercises and games modified.

Lung Diseases.

One hundred children had bronchial catarrh at the time of inspection, while 29 had tuberculosis of the lungs. In the case of 12 other children tuberculosis of the lungs was suspected. The number of cases of consumption found gives no indications of the prevalence of the disease amongst the school population. It is now usual for medical practitioners to advise the parents of consumptive children to keep them from school, and from a return made by the school attendance officers it is to be noted that this was the ground of absence in 143 cases in the early part of 1914. Most of these children could continue their education, and at the same time be greatly improved in health if an open-air school or open-air classes were provided for them. The Committee are no doubt aware that the maintenance grants given by the Board of Education towards the cost of this special education are on a liberal scale.

Other Diseases and Defects.

The remaining defects found are given in Table II. They do not call for special comment.

TABLE II.—RETURN SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED.

CONDITION.		Entrants.			Leavers.			Total.			Special.					
		Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.				
Total Inspected 7167.		2347	2286	4633	—	1281	1253	2534	—	3628	3539	7167	—	258	295	553
CLOTHING AND FOOTGEAR.	Satisfactory ...	...	...	...	93.02	1204	1178	2382	94.0	3378	3314	6692	93.37	—	—	—
	Unsatisfactory ...	...	...	...	6.97	77	75	152	5.99	250	225	475	6.62	3	—	3
CLEANLINESS.	Clean ...	...	...	...	97.94	1267	1238	2505	98.85	3580	3463	7043	98.27	—	—	—
	Somewhat Dirty ...	...	...	...	.90	11	6	17	.67	30	29	59	.82	—	—	—
	Dirty ...	...	...	...	1.13	3	9	12	.47	18	47	65	.90	—	1	1
	Verminous ...	...	...	...	5.26	10	93	103	4.06	58	289	347	4.84	4	12	16
NUTRITION.	Good ...	...	...	...	5.54	682	693	1375	54.26	2022	1920	3942	55.0	—	—	—
	Average ...	...	...	...	37.23	499	483	982	38.74	1344	1363	2707	37.77	—	—	—
	Below Average ...	...	...	...	4.12	72	48	120	4.73	176	135	311	4.33	—	—	—
	Bad ...	...	...	...	3.23	28	29	57	2.25	86	121	207	2.88	1	—	1
NOSE AND THROAT	Enlarged Tonsils ...	...	...	...	18.13	181	181	362	14.28	592	610	1202	16.77	19	28	47
	Adenoids ...	...	...	...	6.28	36	17	53	2.09	186	158	344	4.42	31	24	55
	Other defects ...	...	...	...	.34	15	16	31	.66	25	22	47	1.01	7	3	10
EXTERNAL EYE DISEASE.	Blepharitis ...	...	...	...	1.79	26	30	56	2.21	73	66	139	1.93	11	12	23
	Conjunctivitis ...	...	...	...	.10	3	3	6	.23	7	4	11	.15	1	1	2
	Corneal Opacities ...	...	...	...	—	2	1	3	.11	2	1	3	.04	1	—	1
	Other Disease ...	...	...	...	.49	10	8	18	.71	20	21	41	.57	5	2	7
EAR DISEASE.	Obstruction ...	...	...	...	.51	6	9	15	.59	16	23	39	.54	6	2	8
	Otorrhoea ...	...	...	...	.51	7	4	11	.43	21	14	35	.48	8	7	15
	Other Disease ...	...	...	...	—	—	—	—	—	—	—	—	—	1	—	1

TABLE II.—RETURN SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED—continued.

CONDITION.		Entrants.				Leavers.				Total.				Special.		
		Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.
Total Inspected 7167.		2347	2286	4633	—	1281	1253	2534	—	3628	3539	7167	—	258	295	553
TEETH.	Sound ...	950	918	1868	40·31	514	591	1105	43·60	1464	1509	2973	41·48	—	—	—
	Less than 4 decayed...	791	824	1615	34·86	611	483	1094	43·17	1402	1307	2709	37·79	—	—	—
	Four or more decayed	606	554	1150	24·82	156	179	335	13·22	762	723	1485	20·72	2	2	4
HEART AND CIRCULATION.	Organic Disease ...	7	6	13	·28	4	1	5	·19	11	7	18	·25	1	1	2
	Functional Disease ...	6	4	10	·21	6	11	17	·67	12	15	27	·37	—	1	1
	Anæmia ...	142	152	294	6·34	47	85	132	5·21	189	237	426	5·94	11	11	22
LUNGS.	Chronic Bronchitis & Bronchial Catarrh	47	37	84	1·81	6	10	16	·63	53	47	100	1·39	2	4	6
	Tuberculosis...	9	11	20	·43	6	3	9	·35	15	14	29	·40	2	13	15
	"suspected	2	3	5	·10	6	1	7	·27	8	4	12	·16	11	8	19
	Other Disease ...	3	—	3	·06	2	—	2	·08	5	—	5	·07	2	1	3
NERVOUS SYSTEM.	Epilepsy (major or minor)	2	1	3	·06	1	—	1	·04	3	1	4	·05	2	3	5
	Chorea ...	3	3	6	·12	—	1	1	·04	3	4	7	·09	3	4	7
	Other Disease ...	7	9	16	·34	5	—	5	·19	12	9	21	·29	1	3	4
SKIN DISEASE.	Ringworm ...	12	12	24	·51	—	1	1	·04	12	13	25	·34	8	8	16
	Impetigo ...	11	8	19	·41	6	1	7	·27	17	9	26	·36	15	12	27
	Scabies ...	7	3	10	·22	3	4	7	·27	10	7	17	·23	9	7	16
	Other Disease ...	35	36	71	1·53	11	18	29	1·14	46	54	100	1·39	4	7	11
INFECTIOUS DISEASES	...	4	5	9	·19	1	—	1	·04	5	5	10	·13	3	—	3
OTHER DEFECTS AND DISEASES	...	18	12	30	·64	19	32	51	2·01	37	44	81	1·13	19	22	41

[illegible]

Review of Action taken to prevent the spread of Infectious Diseases.

(1). Co-operation with the Medical Officer of Health.

Reciprocal relations have from the first been established with the medical officers of health, with particular reference to the exchange of information in regard to cases of infectious disease. They have arranged to send me weekly copies of the statutory notifications which they receive, giving, when possible, the names of the schools attended by children. These notifications refer to cases of small-pox, scarlet fever, diphtheria, enteric fever and erysipelas. In return I give them immediate notification of all cases of infectious illness reported by the head teachers. These include suspected cases of the notifiable diseases above mentioned, and also the diseases which are not notifiable, namely, measles, German measles, whooping cough, chicken pox, mumps, and the skin diseases ringworm, impetigo or "scabbed head," and scabies or "the itch."

The arrangements have worked very satisfactorily. In certain districts, but not yet in all, the medical officers of health issue certificates of freedom from the infection of scarlet fever after disinfection of the homes of children who have been excluded from school on account of the disease. I hope that this will soon become a general practice, because children may otherwise return to school before infection is at an end, or, alternatively, may remain away from school for long periods, urging infection as an excuse.

(2). Investigation of Mixed Cases.

Every first case of infectious illness should be made the subject of an enquiry, because each case may have been infected by another case of the same disease, which, owing to the mildness or absence of its characteristic symptoms, has been overlooked by the parent, the teacher, or both.

Nine such investigations were carried out during the year, viz., for diphtheria, once at Haxey, and on three occasions at Market Rasen; for enteric fever at Crosby; for scarlet fever at Ingoldmells; for mumps at Legsby; for impetigo at Brattleby; and for an outbreak of infectious sore throat at Fulstow.

These investigations were always found to yield valuable results, and were much appreciated by the teachers.

(3). *Exclusion of Children.*

Children suffering from infectious disease, and others from the same house, are immediately excluded from school by the Head Teachers. All exclusions are notified to the School Medical Officer for approval. In connection with outbreaks of measles and whooping cough, both of which are infectious in the catarrhal stage before the disease is definitely recognised, instructions are given on the occurrence of a definite case that all children showing signs of a severe cold in the head or chest should be excluded from school for a week.

(4). *Number of Cases of Infectious Diseases notified by the teachers.*

The table given below sets out the details of the cases notified by the school teachers in each month during 1913.

Month.	No. of exclusions on account of infection in the home.	Scarlet Fever.	Diphtheria	Enteric Fever.	Measles.	Whooping Cough.	Chicken Pox.	Mumps.	German Measles.	Ringworm.	Impetigo	Scabies.	Total Infectious Diseases.
January ...	391	35	6	—	290	72	44	43	—	34	20	5	549
February ...	199	20	7	—	211	15	25	18	—	29	16	1	342
March ...	105	12	3	—	101	31	23	2	—	23	9	—	204
April ...	194	9	6	—	100	33	66	4	—	37	18	2	275
May ...	235	6	5	—	88	38	60	76	—	29	21	2	325
June ...	209	10	18	—	50	2	76	38	18	38	40	1	291
July ...	61	—	2	—	25	11	11	2	1	15	16	5	88
August ...	12	4	3	—	6	5	7	—	—	9	2	2	38
September ...	87	14	13	—	10	14	32	11	—	28	24	—	146
October ...	137	7	10	1	48	56	35	17	—	20	33	—	227
November ...	262	11	4	4	124	23	81	58	—	33	37	—	375
December ...	192	14	8	1	124	14	28	71	3	13	20	4	300
Total ...	2074	142	85	6	1177	314	488	340	22	308	256	22	3160

(5). School Closure.

The closure of schools is now generally undertaken by the Managers, acting on the advice of the School Medical Officer. The medical officers of health are satisfied with the instructions which are given to the teachers in regard to exclusions, and school closure is therefore as a rule only required on educational grounds. The Education Committee have required that school attendance must be reduced to 50 per cent. of the number on the books before voluntary closure by the Managers shall be approved by the School Medical Officer under Art. 45 (b) of the Code. The details of the closures required in 1913 are given in the table below.

LIST OF CLOSURES.

Reason for Closure.	Schools or Departments.	Closures by District Medical Officers.	Closures by School Medical Officer.
Measles	53	1	52
Scarlet Fever ...	7	6	1
Diphtheria	1	1	—
Whooping Cough ...	11	1	10
Chicken Pox	9	—	9
Infectious Sore Throat	1	—	1
Mumps	5	1	4
Total	87	10	77

(6). Disinfection.

The Sanitary Authorities arrange for the disinfection of the schools when necessary. The Education Committee have supplied each school with a strong disinfectant to be used for the disinfection of schoolroom floors, furniture and apparatus on the occurrence of cases of infectious illness.

Ameliorative Measures.

There were no additional means of treatment provided by the Committee during 1913. It was anticipated that school nurses would have been appointed after the summer holiday,

but at the request of the Lincolnshire Nursing Association the matter was delayed in order that a complete scheme for school and tuberculosis nursing might be prepared by the Association for the consideration of the County Council. Eventually the Council decided to entrust the nursing required in connection with the medical inspection of school children and with the tuberculosis dispensaries to the Lincolnshire Nursing Association. The arrangements could not be completed before the end of the year, and it was not until 1st March, 1914, that the nurses entered on their duties. Practically all the district nurses are now engaged in this work, and in addition seven whole-time nurses have been appointed. Medical inspection will now be much more efficient through the following up by the nurses of all children found defective.

There are several difficulties in the way of treatment being obtained for elementary school children. The only means of treatment available are (1) private medical men, (2) dentists, (3) hospitals, and (4) dispensaries. In the case of the doctors it is only exceptionally that they will give the special treatment required by the children, and parents frequently cannot pay them. The dentists are only to be found in the larger towns, and the parents are content with having their children's teeth extracted, instead of preserved by stopping. Lastly, hospitals and dispensaries require letters of recommendation, which are not easily obtained, and there have been many instances of hardship through congestion of work at these institutions. In the case of visual defects it is a common practice at the County Hospital to make parents bring their children on many occasions before a prescription is given for glasses. This the parents can ill afford to do.

There is urgent need for better facilities being provided for dental treatment and for the examination of children with defective eyesight, and the prescribing of suitable spectacles.

There has been no addition to the number of Children's Care Committees in the county. The one with the best organisation is the Louth and District Children's Care Committee. This Committee has raised a fund and has done good work in assisting necessitous cases to obtain treatment. Fares of children have been paid to the hospitals at Lincoln and Hull. In one case a child was sent to a London hospital. Spectacles have also been provided. They intend to devote special attention also to children with poor or inadequate clothing, and to investigate and deal with cases of children employed out of school hours.

I consider these voluntary Children's Care Committees to be of the greatest value in the scheme of medical inspection, and suggest that the Education Committee would be well advised to encourage their formation by offering a grant at the end of each year to those whose method of working is approved by the Committee.

Review of the methods adopted for dealing with Blind, Deaf, and Mentally and Physically Defective, or Epileptic Children.

Six deaf children were referred to me for medical examination as to their fitness to receive special instruction. They were found to be suitable cases for such education. Five were sent to the Yorkshire Institution for the Deaf, Doncaster, and one, being blind as well as deaf, to Henshaw's Blind Asylum, Manchester.

One blind child was referred to me, and was sent to the Blenheim School for the Blind, Leeds.

At the end of the year there were seven blind children and eleven deaf children receiving special education.

The Defective and Epileptic Children's Act of 1899 has not been adopted.

Examination of Scholarship Candidates, Pupil Teachers and Teachers.

One hundred and eighteen pupil teachers, candidates for pupil teacherships, bursars, and student teachers were examined by me during the year.

Fifty-five, who were of good physique, were passed unconditionally, while 60 were passed after satisfactory reports had been received as to treatment obtained for various defects. Of these, 37 required treatment for dental caries, 9 for defective eyesight, 11 required the services of both oculist and dentist, 1 received treatment for enlarged tonsils, 1 was found to have defective vision and had a delicacy of the lungs, and 1 had paresis of the left arm, a delicacy of the lungs and defective vision.

One pupil teacher was rejected on account of discharging ears and deafness, and 2 candidates for pupil teachership were rejected as follows:—1 with slight scoliosis and a delicacy of the lungs, and 1 with scoliosis and general debility.



